

LETTER HOUSEHOLD MAY HAVE EMPLOYER COMPLETE
(This form may not be used if the household adult reporting the income is self-employed.)

STATEMENT OF EARNINGS

This statement is to confirm that _____ received the following amount
(Name of Employee)
of gross income before deductions for taxes, social security insurance, etc. \$ _____.

☐ Weekly

☐ Every Two Weeks

☐ Twice a Month

☐ Monthly

☐ Other: _____

Please state the date of the paycheck listed above: _____

Signature of Employer

Date

City

State

Zip Code

Telephone No.: _____

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